

CORE 40 AND ACADEMIC HONORS UPDATE SYSTEM (CHIPS) VERIFICATION FORM FOR THE FRANK O'BANNON GRANT PROGRAM

2009- 2010 ACADEMIC YEAR State Form 52021 (R5/7-08)

STATE OF INDIANA STATE STUDENT ASSISTANCE COMMISSION OF INDIANA (SSACI)

Parents should keep a copy of this form

Students who file the 2009-2010 Free Application for Federal Student Aid (FAFSA) by the State Student Assistance Commission of Indiana's (SSACI) March 10, 2009 receipt date deadline and qualify for SSACI's need-based Frank O'Bannon Grant may receive additional need-based Frank O'Bannon Grant funds. In order to qualify, the student must earn the Core 40 (C40) Diploma with a cumulative grade point average of at least 2.0 on a 4.0 scale or earn the Academic Honors Diploma (AHD) with a cumulative grade point average of at least 3.0 on a 4.0 scale from an Indiana Department of Education accredited high school.

In addition to filing the 2009-2010 FAFSA by the March 10, 2009 receipt date deadline, completion of this verification form may be required by your child's high school to collect and release the necessary diploma information to SSACI and the colleges and universities to which he or she has applied for admission and financial aid. This form must be completed and returned to your child's high school by the date of

nigh school by the considered for the	e date of It is your re e additional C40 or AHD need-based Frank O'Bann		ition and meet all deadlines. Failure to do so w	fill prevent your child from being
guidance office. A	99 check your child's record at the SSACI eStudent Also check eStudent to make sure there are no edits 009 correction receipt date deadline.			
	responsibility to file the 2009-2010 FAFSA by th 40 or AHD information reported by the high sch		correct SSACI edits by the May 15, 2009 co	orrection receipt date deadline, and
Parent Release:	I authorize the release of my child's name, date of birth and Social Security Number to SSACI so that he or she can be considered for the additional C40 or AHD need-based Frank O'Bannon Grant funds. I understand that this information will only be released if needed to SSACI, qualified colleges and universities, the Indiana Commission for High Education and the Indiana Department of Education for purposes of determining financial aid eligibility and evaluating graduation and completion data.			
	Parent Signature (Mandatory)	Parent	Name (Please Print)	
Student Name, Social Security Number, and Date of Birth: (Mandatory) PLEASE PRINT	Student Last Name (as it appears on Social Security Card)	Studen	First Name (as it appears on Social Security Card)	Accuracy is essential – check the student's social security card to be sure the correct SSN is provided
	Student Social Security Number (as it appears on Social Se	ecurity Card) Student	Date of Birth (MM/DD/YYYY as it appears on birth ce	ertificate)
	FOR MORE INFORMATION	N ABOUT STATE GRANT PROGRAMS, VISIT	THE SSACI WEB SITE: http://www.ssaci.IN.gov	
	The following section to be completed by h	igh school representative. This form to	oe kept on file at the high school and not ret	urned to SSACI.
School Name:		di fammini da 60 ACI i da		Academic Honors Core 40 Verification <u>Check only one</u>
Authorized Signature:	Based on seventh semester grades I certify that the information on this form submitted to SSACI is true and accurate for this student who is expected to graduate with either an Academic Honors Diploma with at least a 3.0 cumulative grade point average on a 4.0 scale; or a Core 40 Diploma with at least a 2.0 cumulative grade point average on a 4.0 scale. O Core 40			
	I will modify the information sent to SSACI if the student's final grades reflect a different program (Core 40, AHD, or Neither) status than originally listed. O Academic Honors			
	Name of Authorized School Representative	Signature	Date	